

142

**FEDERAL PUBLIC DEFENDER, SOUTHERN DISTRICT OF TEXAS
TRANSCRIPT REQUEST AND INVOICE**

1. PURPOSE		1 <input type="checkbox"/> TRIAL	2 <input checked="" type="checkbox"/> APPEAL OF CONVICTION/SENTENCE	2. REQUESTING ATTORNEY	
		3 <input type="checkbox"/> OTHER		Scott A. Martin	
3. DOCKET NO.		4. COURT		United States Courts Southern District of Texas FILED	
H-14-018		SOUTHERN DISTRICT OF TEXAS		APR 02 2015	
5. IN THE CASE OF		U.S.A		VS. Joseph S. Antonucci	
6. PERSON REPRESENTED				David J. Bradley, Clerk of Court	
Joseph S. Antonucci					
7. PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)					
Appeal from judgment of conviction and sentence imposed on March 31, 2015.					
8. PROCEEDINGS TO BE TRANSCRIBED (Describe specifically and include docket entry number)					
10/23/14: Re-Arraignment proceedings held before the Hon. Keith P. Ellison (no docket entry #).					

9. FEDERAL PUBLIC DEFENDER'S REQUEST

As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request preparation of the transcript of the proceedings described above at the expense of the United States pursuant to the Criminal Justice Act.

**FPD ACCOUNTING DATA
15 092300 F05TXSF 2532**

MARJORIE A. MEYERS
FEDERAL PUBLIC DEFENDER
440 Louisiana, Suite 1350, Houston, Texas 77002-1669

Apr 2, 2015
DATE
(713) 718-4600
TELEPHONE NUMBER

10. SPECIAL REQUESTS

FPD'S INITIALS

- A. ☐ Expedited ☐ 14-Day ☐ Daily ☐ Hourly Transcript
- B. ☐ Prosecution Opening Statement ☐ Prosecution Argument ☐ Prosecution Rebuttal
- ☐ Defense Opening Statement ☐ Defense Argument ☐ Voir Dire ☐ Jury Instructions

INVOICE

11. COURT REPORTER/TRANSCRIBER STATUS				14. PAYEE'S ADDRESS		
<input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other						
12. FULL NAME OF PAYEE						
Fred Warner						
13. SOCIAL SECURITY OR EMPLOYER I.D. NO. OF PAYEE				15. TELEPHONE NO.		
16. TRANSCRIPT	INCLUDE PG. NOS.	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	DED. AMT. APPORTIONED	TOTAL
A. Original			\$	\$	\$	\$
B. Copy			\$	\$	\$	\$
17. TOTAL CLAIMED:						\$

18. CLAIMANT'S CERTIFICATION

I hereby certify that the above invoice is correct and that I have not claimed or received payment from any other source for the services rendered and claimed in this invoice.

CLAIMANT'S SIGNATURE		DATE	
18.A. Clerk's Office Verification of No. of Pages & Rates:		Verified by: _____	
		(Signature) (Date)	
19. APPROVED FOR PAYMENT:		AMT. APPROVED:	
(Requesting Attorney, Federal Public Defender Office)		\$ _____	
DATE			